

6D. SAMPLE PATIENT INTAKE FORM

To make the entry process of a new or existing **Patient** much easier for your office staff, we have created a sample **Patient Intake Form** that coincides with the two main sections of the **Edit New Patient Data** screen in the MPM Office program: **Patient Demographics** and **Patient Insurance**.

The **Patient Demographic** section of the **Edit New Patient Data** screen is shown below. Each field (whether in green or white) has been recreated in the sample **Patient Intake Sheet** to assist you in obtaining the necessary information to complete the fields needed in the MPM Office program.

The screenshot displays the 'Edit New Patient Data' window in the MPM Office software. The window title is 'Edit New Patient Data'. The MPM Office logo is visible in the top left corner. A toolbar at the top contains buttons for 'Add Claim', 'Claims', 'Pay & Adj', 'Transactions', 'Co-Pay', and 'Notes'. The main form area is divided into several sections:

- Patient Information:** Fields for Patient Account #, Group (dropdown), Entry Date (04/08/2008), Last Name, First Name, MI (checkbox), Home Phone, and Work Phone.
- Demographic Section:** Includes tabs for Demographic, Insurance, Files, Closed Claims, Defaults, and Summary. Fields include Address 1, Address 2, Zip, City, State (dropdown), Cell Phone, Lawyer, and Email.
- Personal Information:** Fields for SSN, Sex (dropdown), D.O.B., Employment Status (dropdown), Marital Status (dropdown), and Signature on File? (checkbox).
- Provider Information:** Fields for Provider and Referring (dropdown).

At the bottom of the window, there are four buttons: 'Save & Add' (with a green checkmark), 'Super Bill' (with a document icon), 'Save' (with a green checkmark), and 'Cancel' (with a red X).

The **Patient Insurance** section of the **Edit New Patient Data** screen is shown below. Each field (whether in grey or white) has been recreated in the sample **Patient Intake Sheet** to assist you in obtaining the necessary information to complete the fields needed in the MPM Office program.

Edit Primary Patient Insurance

Insurance ID #

Group # Employer

Start Co-Pay \$

Expiration %

Insured same as Patient Yes
 No

Last Name First Name Sex

D.O.B.

Address

Zip -

City State

Patient relationship to the insured

Signature on file

PATIENT INTAKE SHEET

Patient Demographic:

Last Name: First Name: Middle Initial:
Home Phone: Work Phone: Cell Phone:
Address1:
Address2:
City: State: Zip:
Email: Lawyer:
Social Security #: Gender: M F D.O.B.:
Marital Status: Employment Status:
Referring Physician:

Primary Insurance Information

Insurance Name: ID#: Group #:
Employer: Start/Exp. Dates: Co-Pay:
Insurance Address/City/State/Zip:
Insured same as Patient: Y N
Policy Holder Last Name: Gender: M F
Policy Holder First Name: Policy Holder D.O.B.:
Address: Patient Relationship to Insured:
City: State: Zip:

Secondary Insurance Information

Insurance Name: ID#: Group #:
Employer: Start/Exp. Dates: Co-Pay:
Insurance Address/City/State/Zip:
Insured same as Patient: Y N
Policy Holder Last Name: Gender: M F
Policy Holder First Name: Policy Holder D.O.B.:
Address: Patient Relationship to Insured:
City: State: Zip: